



ROCKDALE COUNTY
Autism Support Group

Board Member Application

Name: _____

Address: _____

Phone Number: _____

E-mail Address: _____

Connection to the community (ex. Person with autism, family member, professional, etc.) _____

Does your family attend any of the Rockdale County Autism Support Group (RCASG) meetings, activities and/or events? If so, how long have you been participating? _____

The RCASG engages in fair hiring practices and strongly encourages people with developmental disabilities to apply for vacant positions, whether paid or volunteer. It is the Group's policy to provide equal opportunities to everyone. It is our goal to make reasonable accommodations, when necessary, as defined by the ADA, provided that such accommodation does not constitute an undue hardship on the organization. We are looking for hardworking, dedicated volunteers who are committed to the mission of RCASG. The mission of the RCASG is to provide information and referrals, advocacy and support for individuals with Autism Spectrum Disorder (ASD) and their families.

Please list three things you see as strengths of the RCASG:

1. _____

2. _____

3. _____

Please give three reasons why you believe you would be a valuable, contributing member of the RCASG board:

1. _____

2. _____

3. _____

Are you currently, or have you ever, been a member of the RCASG board, or any other board? If so, please list the organization(s), dates, and position(s) held. _____

Do you currently, or have you ever, volunteered for RCASG or any other organization? If so, please list the organization(s), dates, and role(s) held. _____

Please list three people who could serve as references as to your ability to volunteer with this organization:

Name	Relationship to You	Phone Number and/or Email
1.		
2.		
3.		

If you have any other information you think might be helpful for us to know when considering your application, please let us know here: _____

Print Name

Signature

Date